| Linear control of the | | NC | 11-11 | . 4 1 11 | MINEA | CDECTOC | 404 | Traces delle | | M V | | | |
|--|----------------------------|------------------|--|---------------------------------------|--------------------|--|---|--|--|-----------------------------------|------------------|-----------|-------------|
| MO#24499206303 | | 140 | (F | ursu | ant to NJ | SBESTOS JAC 8:60 at | ABA nd 5:1 | 6) | | | | W | E |
| Date of Notification (1) | | | | Nan | ne of Buildi | ing Owner/Op | erator | (2) | 14 | | | | |
| | | 17 | | | en Jones | | | | 1 | CED . | 1 | 2047 | , |
| Agencies Notified | Type Notificati | on | | - | et Address | ; | | | L | SEP - | 1 | 2017 | |
| ⊠ EPA | | | | | | 38 | | | | | | | |
| ☑ DOLWD ☑ DHSS | Amended | | | City | State, Zip | Code | | | | ASL | | 41.4 | OL |
| □ DCA | Amendmen Emergency | _ | _ | Jones 8 | ngston, N | | | L | Printle State of Stat | L.CE | NSIN | <u>IG</u> | wante |
| (NJAC 5:23-8) | justification | (iriciudi) | ng | Nam | e of Conta | J 07039 | | | | Talasta 51 | | | |
| | ☐ Cancellation | n | | | n Jones | | | | 1 | Telephone Nun | nber | | |
| | _ | | | | | NEODIKATA | | | | | | | |
| Name of Facility Where | Abatement is Tal | cing Pla | ne (3) | Г | ACILITY | NFORMATI | ON | T= - | | | | | |
| Private house | Taranione io Tar | ang ria | Je (3) | | | | | Type of Facili | | | | | |
| Street Address | | | | | | | | School (K- | 12) | Other than K-1 2 | 21 | | |
| | | | | | | | | Other (i.e. | priva | ate and comme | rcial b | mildir | an a |
| City (5) | | | | | | | | homes, etc | c.) | are and comme | TO:CIT E | zanan | ys, |
| | | | | | | | | Square Feet | | # of Floors | E | Bldg. | Age |
| Livingston, NJ 07039 County (6) | | | | | | | | | | | | | 45 |
| | | | | Cou | nty Code (7) | (STATE USE | ONLY) | Current Use (I | Prior | if being demoli | shed) | | |
| ssex Name of Monitoring Firm | Hisad by C. 11 11 | | (0) | | | | | | | - American Colonia | | | |
| Tame of Worldoring Firm | nirea by Building | g Owner | (8) | ASCN | No. | Name of A | bateme | ent Contractor (| 9) | | 22-1122-2 | | |
| treet Address | | | | | | Gr Tech L | | | 275 | | | | |
| areet Address | | | | | | Street Add | ress | | | | | | |
| Sh. Ct.t. 7: 0 | | | | | | 576 Valley | y Rd# | 283 | | | | | |
| City, State, Zip Code | | | | | | City, State, | | | | | - | - | |
| | | | | | | Wayne, N. | J 0747 | 0 | | | | | |
| roject Manager for Moni | toring Firm | | Tele | phone | No. | Telephone | | | T | License No. | 72 | | |
| | | | | | | 973-638-1 | 777 | | - 1 |)1127 | | | |
| tart Date (10) | Sch | eduled (| Comple | tion Da | ite (11) | Name of O | | onitor | | 71127 | | | |
| | | 09 | / _ 09 | _ / | 17 | | | sultants,Inc | | | | | |
| ccupancy Status During | Abatement (Che | ck only | one) | | | Street Addr | | isultants,inc | | | | | |
| Facility Closed/Vacate | d During Entire F | eriod o | Abate | ment | | | | 0 1 211 " | | | | | |
| Abatement Performed | Outside of Norm | al Facili | y Hour | s - Des | cribe | City, State, | Zin Co | Road, Bldg .# | 35E | <u> </u> | | | |
| Time of Abatement: | AWI- | PM/ | PM_ | - | AM | Land Control of the C | | | | | | | |
| cope of Work (Check all | that apply) | | | | | Fair Lawn, | | | notio | n with a section | | | |
| 7 >3 of or >3 If | | | | | | Fu | II Conta | and decontami ainment with Ne | natio | n with negative re Pressure | press | sure | |
| >3 sf or >3 If ≥ 160 sf or ≥260 If | | - | enovatio emolitio | | | I Mir | ni-Enclo | osure | | | | | |
| | | | ATTOTILIO | | | Gid No | ovebag | Procedure | len | t with Negative lable Procedur | Press | sure | |
| | | | | | 140 | III-LACII | | on-Fr | | | | | |
| | 20 | | Locati | | | Z NO | II-LXCII | ipted () and re | on-Fr | lable Procedur | - | | |
| Location | | | Normal | у | | Descrip | otion of | | on-Fr | lable Procedur | Ab | ateme | |
| | faterial (ACM) | Use Ma | Normal ed Sole intenar | ly ly by nce/ | Asbes | Descrip | otion of | erial (ACM) | on-Fr | Amount | Ab | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility | faterial (ACM) TED | Use Ma | Normal ed Sole intenar todial S | ly ly by nce/ | Asbes (i.e. | Descrip stos Containir , thermal sys | otion of ng Mate | erial (ACM) sulation, | on-Fr | Amount (Specify | Ab | 1 | |
| Location of Asbestos-Containing N | faterial (ACM) TED | Use Ma | Normal ed Sole intenar | ly ly by nce/ | Asbes (i.e. | Descrip | otion of ng Mate tems in , VAT, | erial (ACM) sulation, | on-Fr | Amount | - | ateme | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility | faterial (ACM) TED | Use Ma | Normal ed Sole intenar todial S | ly by nce/staff? | Asbes (i.e. | Descrip stos Containir , thermal sys surfacing | otion of ng Mate tems in , VAT, | erial (ACM) sulation, | on-Fr | Amount (Specify | Ab | 1 | Encapsulate |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) | faterial (ACM) TED | Use Ma Cus | Normal ed Sole intenar todial S (12) | ly by nce/ staff? | Asbes (i.e. | Description Descri | otion of ng Mate tems in , VAT, | erial (ACM) sulation, | | Amount (Specify SIF or LF) | Ab Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) | faterial (ACM) TED | Use Ma Cus | Normal ed Sole intenar todial S (12) | y by nce/ staff? | (i.e. | Description Description Containing Thermal sys surfacing other misce | otion of ng Mate tems in , VAT, | erial (ACM) sulation, or us) | 70 L | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) | faterial (ACM) TED | Use Ma Cus | Normal ed Sole intenar todial S (12) | ly by nce/staff? | (i.e. | Description Description Containing Thermal sys surfacing other misce | otion of ng Mate tems in , VAT, | erial (ACM) sulation, or us) | | Amount (Specify SIF or LF) | Ab Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) | faterial (ACM) TED | Yes | Normal ed Sole intenar todial S (12) | y by nce/ staff? | (i.e. | Description Description Containing Thermal sys surfacing other misce | otion of ng Mate tems in , VAT, | erial (ACM) sulation, or us) | 70 L | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) | faterial (ACM) | Use Ma Cus | Normal ed Sole intenar todial S (12) | y by nce/staff? | (i.e. | Description Description Containing Thermal sys surfacing other misce | otion of ng Mate tems in , VAT, | erial (ACM) sulation, or us) | 70 L | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) | faterial (ACM) | Yes | Normal ed Sole intenar todial S (12) No | y y by hoce/ staff? | Pipe insu | Description Descri | otion of ng Mate tems in , VAT, o | erial (ACM) sulation, or us) | 70 L 400 | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) seement seement | faterial (ACM) | Yes | Normal ed Sole intenar todial S (12) No No | y by by nce/staff? N/A N/A P Waste | Pipe insu VAT floo | Description Description Containing of the misce that the containing of the misce that the containing of the containing o | otion of ng Mate tems in , VAT, ellaneo | erial (ACM) sulation, or us) | 70 L 400 | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) sement sement | faterial (ACM) | Yes | Normal ed Sole intenar todial S (12) No No | y y by hoce/ staff? | Pipe insu VAT floo | Descriptions of tiles Cubic Yards of TBD | otion of ng Mate tems in , VAT, ellaneo | erial (ACM) sulation, or us) Name of Regis | 70 L 400 | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) sement sement | faterial (ACM) | Yes | Normal ed Sole intenar todial S (12) No No | y by by nce/staff? N/A N/A P Waste | Pipe insu VAT floo | Description of the control of the co | otion of ng Mate tems in , VAT, ellaneo | erial (ACM) sulation, or us) Name of Regis T.R.R.F. Inc City, State | 70 I 400 | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility (13) seement seement me of Registered Waste Tech LLC y, State yne, NJ 07470 | faterial (ACM) FED Hauler | Yes | Normal ed Sole intenar todial S (12) No No | y by by nce/staff? N/A N/A P Waste | Pipe insu VAT floo | Description of the control of the co | otion of ng Mate tems in , VAT, ellaneo | erial (ACM) sulation, or us) Name of Regis | 70 I 400 | Amount (Specify SIF or LF) | A Removal | 1 | |
| Location of Asbestos-Containing N TO BE ABAT IN Facility | faterial (ACM) FED Hauler | Yes | Normal ed Sole intenar todial S (12) No No | y by by nce/staff? N/A N/A P Waste | Pipe insu VAT floo | Description of the control of the co | otion of ng Mate tems in , VAT, ellaneo | erial (ACM) sulation, or us) Name of Regis T.R.R.F. Inc City, State | 70 I 400 | Amount (Specify SIF or LF) | Ab Removal 🛛 🖺 🔲 | 1 | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| to the state of th | | | | | | | | 1 6 | - 173 | + | 177 | | TT |
|--|--------------|-----------------------|-----------|-------------|----------|--|-------------------------------|---|------------|---------|--------|-------------|-----------|
| Date of Notification (1) | | 1 | | Building Ov | | | !!! | 1 | | | | | |
| 8/25/17 | 5% | | HR. | ER | NA | LUV | 218 | 111 | | | | -11 | Ш |
| Agencies Notified Type Notification | | 5 | Street Ad | dress | | | | LI SEF |) _ | 1 2 | 017 | Mark was | U |
| D EPA E Initial | | | | | | | | | | | | - | |
| DEP | 46 65 | (| | e, Zip Code | | | _ _ | 2 400-2 | | | | Ť | |
| DOL Amendment: ☐ Emergency (i | | - L | | | RAU | Ge, | DI.O. | (OS C | Att. Bell | | 110 | _ čt | - |
| DOH justification) | | 1 | | Contact | ^ - | | Lennova | | | | | | stone |
| □ DCA □ Cancellation | | | | 2. LU | | | | | | | | | - |
| Name of Facility Where Abatement is Taking P | lacer(3) | | FACII | ITY INFO | RMAI | TON | ype of Facility (4 | (i) | | | | | |
| Name of raciny where Abandancia is taking the Lucie | | | | | | 1. | | | | | | | |
| | | | ** | 7. | | | T Culmhanter S | Other than K- | -12) | | | | |
| Street Address | | | | · · · · | | - | Other (i.e. pr | rivate & comme | rcial b | alding | s, hon | nes, et | IC.) |
| | | | | 1.4 | | | quare Feet | # of Floors | | BI | dg. As | 90 | |
| City (5) | | | | | | . 3 | 2000 | 2 | | | 19 | | |
| WEST DRAN | 65 | - 17 | 3 | ode (7) | - | | urrent Use (Prior | if being demol | ished) | | | | |
| County (6) | | 18 | STATE U | SE ONLY) | | _ | 7 | Resine | NCE | | | | |
| PSSEA | (9) | | ASCM | (No | | Name of | Abatement Contr | NAME AND ADDRESS OF TAXABLE PARTY. | | | | | V |
| Name of Monitoring Firm Hired by Building O | WIRZ (0) | | ANGUV. | 140. | | | Removal I | | | | | | |
| | | | | | | Street Ad | | III | | | | | |
| Street Address | | | | | | f · | | a Chanat | | | | | ٠ |
| | | | | | | 430 | South Rive e, Zip Code | Succi | | | | | |
| City, State, Zip Code | | | | | | A | ensack, NJ | 07601 | | | | | |
| | | | | | | Telephon | | | se No. | _ | | | |
| Project Manager for Monitoring Firm | | 17 | Telephon | e No. | 194 | |)1-329-744 | | 003 | 28 | | | |
| | | | | | | | OSHA Monitor | | | | | | |
| Start Date (10) | Schedule | | O / I | た(11) フ | | | ga Environ | mental | | | | 5 1 | |
| ,) / 8 / 1 / | | 7/ | 7// | | | Street Ad | | House | - | | | | |
| Occupancy Status During Abatement (Check O | | | | F# | | | Huyler Str | eet | | | | - ~ | - |
| Facility Closed/Vacated During Entire Pa | riod of Abat | tement | | ¥1 | ς. | City State | zio Code | | | | | | |
| Abatement Performed Outside of Normal Other - Describe: 7:00 Art 1 | 5:00 | PH | | | • | Sou | th Hackens | ack, NJ 07 | 606 | | - | | |
| | | | | | | ـــنــــــــــــــــــــــــــــــــــ | | | — <u> </u> | | | | |
| Scope of Work (Check All That Apply) | | | | | | ÷ | Full Containme | ne with Moostin | e Press | une | | | |
| 23 sfor≥3 if □ ≥160 sfor≥260 if | | kenovati Demoliti | | 39.7 | | | Mini-Enclosure | THE AUTHER TAPERINE | | | | | |
| □ 2100 st dt 2200 lt | | ~ | • | | | 4 | Glovebag Proce | stube | inhin D | | **** | | |
| | | | | | | | Non-Exempted | (*) and Non-Fi | Sourc I | .0000 | Abate | ment | |
| | | Location | | | 2 | | | | | | | pe | |
| Location of | | Normally ed Solely | | | | escription of | | | - | | | | |
| Asbestos-Containing Material (ACM) | | aintenan | | Asbess | tos Cont | taining Mate | rial (ACM) ion, surfacing, | Amount (Specify | | 2 | 25 | Encapsulate | En |
| TO BE ABATED In Facility | Cus | todial S | taff? | (LC UICI | | VAT, or | | SF or LF |) | Removal | Repair | ารต้อ | Enclosure |
| (13) | | (12) | | | other | miscellaneo | us) | | | 18/ | = | late | Jre . |
| | Yes | No | NA | | | | | | | | | | |
| 21-20-5 | + | | | 1.1 = 0 114 | | | USULATION | 1001 | LP | x | | | |
| BASEMENT | | | - | 164 ara | 6 84 | rsiem in | 200411010 | | | - | | | |
| , | | | | | | | | | | _ | | _ | - |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N | IDEP W | aste | | Yards | Name of | Registered Land | Hill | | | | |
| | | H | auler ID | | of Wa | ZYZ | A | /linverva E | nter | wice | e T | T.C | |
| Best Removal Inc | | | 171 | 09 | Dim | | City, Stat | THE RESERVE AND ADDRESS OF THE PARTY NAMED IN | arost) | | | | |
| City, State Licelespoor NI 07601 | | | | | nisha | Date | | nesburg, C | H 4 | 1685 | 3 | | •• •• |
| Hackensack, NJ 07601 | 750 | | | | 1 | Signature | | | Dat | 8 1 | | 1 | |
| Completed by | Title | | | | , | Signature (| Jos'one | Sing | | 8 | 25 | 17 |) |
| J. Maiorano | LE | stima | tor | | | A- | 1 | | | | | | - |

* Do not use this form for asbestus licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | 4. | | | 0.00 0 | | 0 | THE Y | 17# . 1 | 5 YF | W | E | Las. |
|--|---|---|------------------|----------------------|-------------------------------|---|--|--------------------|--|---------------------------------------|---------|---------------|-------------------|
| Date of Notification (1) 08/29/2017 | | | Name of MWA | of Building AFFOR | Owner/0 | Operator E HOU | r (2) ISING LLC | | 13 U | | 17/ | | - |
| | lotification | | Street A | | | | | | SEP | - 1 | 201 | 7 | |
| DEP DOL A | itial mended mendment # | | | ate, Zip Co | | 560 | | | SELS 0 | · · · · · · · · · · · · · · · · · · · | | OL { | <u> </u> |
| ☑ DOH ☐ ju: | mergency (including stification) ancellation | , | | of Contact | | | | T . | (73) | ENICI | NG | | war to the |
| | ancellation | | | ILITY INF | ODMAT | ON | | | _ | | | | _ |
| Name of Facility Where Abateme RESIDENTIAL | nt is Taking Place (| 3) | PAC | ILIT INF | ORIVIATI | ION | Type of Facility | <i>'</i> (4) | | | | | |
| Street Address | | | | | | | Other (i.e. | er 8 (Othe | er than K-1 & commerc | 2) ial bui | ldings | , hom | ies, |
| City (5) MULLICA HILL | | | | | | | etc.) Square Feet 2063 | # of | Floors | | 3ldg. / | | |
| County (6) GLOUCESTER | | | County (STATE | Code (7) USE ONLY |) | | Current Use (P RESIDENT | rior if bei | ng demolis | ned) | | | |
| Name of Monitoring Firm Hired by ACER ASSOC. | / Building Owner (8 |) | ASCN | Л No. | | Name ASS | of Abatement Co SURED ENVI | ontractor RONME | (9) ENTAL SI | -RVI | CES | INC | · |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | Street | Address CLEMS RUN | | | | | | • |
| City, State, Zip Code WEST BERLIN NJ 08091 | 7) 2200000000000000000000000000000000000 | | | | | City, S | State, Zip Code | |) | | | | |
| Project Manager for Monitoring Fi | rm | | Telepho | ne No. | | 500000000000000000000000000000000000000 | none No. | 00002 | License N | 0 | | | |
| MATT DEPALMA | | | 856-8 | 09-1202 | ! | 610- | 304-4676 | | 01145 | | | | |
| Start Date (10) 09/11/2017 | 09/29/ | /2017 | mpletion | Date (11) | | Name EMS | of OSHA Monito L | г | | | | | |
| Occupancy Status During Abatem | _ | | | | | | Address RT. 130 NOR | TH | The state of the s | | | | |
| Facility Closed/Vacated During Abatement Performed Outside Other – Describe: RESIDEN | ng Entire Period of a de of Normal Facility NTIAL-WORK AREA | Abaten y Hours A VAC | nent s ANT | | | City, S | tate, Zip Code NAMINSON N | Carrier Barrell | 7 | 7.77.892 | | | |
| Scope of Work (Check All That Ap | oply) | | | | | 8201000 | | | | - | | - | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Section 1 | Renova Demoli | | | | ~ | Full Containn Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | a anticologica de la c elebración de la constantina del constantina de la constantina del constantina de la constantina | | | Θ. | |
| | Is | Locat | ion | | | | | T T | . Hom mas | 10110 | Abate | ement | t |
| Location of Asbestos-Containing Material TO BE ABATED In Facility (13) | (ACM) Use | Normal ed Sole intena todial ((12) | ely by nce/ | | tos Cont thermal surfac | | laterial (ACM) s insulation, T, or | (S | mount pecify or LF) | Remova | Repair | e Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | = | | ate | ď |
| KITCHEN | KITCHEN | | | | | MICUL | ITE | 150 | 00 SF | Х | | | |
| | | | | | | | | | Na. | | | | |
| | | | | | | | | | | | | | |
| | Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES | | | | | | | | red Landfill | | | | |
| City, State MULLICA HILL NJ | | | 034895 |) | | al Date /2017 | City, Sta | te | RG, OH | | | | |
| Completed by RON SWANSON | Title GEN | IERAI | L MANA | AGER | 30.00.00.00.00.00 | ignature | | XW09 | Da | | 2017 | <u> </u> | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | 84 W | | | 1 | Per - 1 | 15. | п | 7 0 | | |
|---|---|------------|--------------------|----------|----------------------|---------------------|-------------------|------------------------------|--|----------------------------|------------|---------|-------------|-----------|
| Date of Notification (1) | 17 | | | Name o | f Building | Owner/Or | | FAR | 70 | Us is | <u> </u> | W | | M |
| | ype Notification | | | Street A | 10. | | | | | | - | -, | 111 | |
| □ EPA Æ | Initial · | | | | | | | Ĺ | 1-4 | SEP - 1 | 21 | 017 | |]]] |
| D DEP DOL | Amended Amendment # | | | City, St | ate, Zip Co | ide . | UT | 03/ | I | | | | 1 | |
| | Emergency (ir | | _ | Name | EON f Contact |)1A, | NJ. | 0/6 | OST | ephone Numl | Nor VI | 701 | 7 | _ |
| DOH DCA | justification) Cancellation | | | Name o | 1 | FAZ | 210 | L | 16 | et uone i anni | ici | | | - 1 |
| | | | | FAC | LITY IN | | | | | | | | | |
| Name of Facility Where Abate | | | | | | | | Type of Facili | ty (4) | | | | | |
| 0: .111 | 73. PAZ | 210 | | | | | | School (| The state of the s | 200020 | | | | |
| Street Address | | | | | | | 1,570 | Subchap Other (i. | | than K-12) commercial l | ouildii | ngs, ho | mes, e | etc.) |
| City (5) | | | | | | 7. | - ! | Square Feet | 1#0 | f Floors | TE | Bldg. A | ge | |
| LEO | NIA | | | | | | | 1900 | | 2 | | | 955 | 5 |
| County (6) | | | | | Code (7) USE ONLY | 1 | (| Current Use (F | \ | | | | | |
| Beac Name of Monitoring Firm Hire | | (0) | | 8 | | | | 10 | | DEN CE | | | | |
| Name of Montoring rum rine | at by Building Ow | ner (8) | | ASCI | M No. | | Name of | Abatement Co | ontractor (9 |) | | | | |
| Street Address | | | | | | | Best Street Ad | Remov. | al In | c | | | | - |
| | | | | | | | 450 \$ | South 1 | River | Stree | t | | | |
| City, State, Zip Code | | | | | | | | e, Zip Code | | | | | | |
| | | | | | | | Hacke | ensack | , NJ | 07601 | | | o- Omi | |
| Project Manager for Monitorin | g Firm | | | Telephor | ne No. | | Telephon | e No. | | License No. | | | | |
| Start Date (10) | | Scheduled | d Comr | letion D | ate (11) | | 201 - 3 | 329-742 OSHA Monito | 4 | 0038 | 8 | | | |
| 9/12/ | | Donogaio | - | 11.3/ | 17 | | | | | | | | | |
| Occupancy Status During Abat | | y One) | | 1.07 | | | Street Ad | Envii dress | onme | ıraı | | | | |
| ☐ Facility Closed/Vacated I | Ouring Entire Perio | nd of Abat | tement | | | 1 | 280 H | luyler | Stree | et | | | | |
| Abatement Performed Ou Other - Describe: | tside of Normal Fa | S:9 | 5m | | | | City, State | e, Zip Code | | | | | | |
| Scope of Work (Check All Tha | | | | | | | South | Hacke | nsacl | NJ (| 076 | 06 | | |
| ≥3 sf or ≥3 lf | · · • • • • • • • • • • • • • • • • • • | _ D | enovat | ion | | | | Eull Contain | | Negative Pres | | | | |
| □ ≥160 sf or ≥260 lf | | | emoliti | | | | - | Mini-Enclos | ure | vegative Fies | suic | | | |
| | | | | | | | | Glovebag Pr Non-Exemp | | Non-Friable P | roced | ure | | |
| | | Is | Locati | on | | | | - | | | | Abate | | |
| Location of | | l N | Vormall | y | | Des | cription of | | | | | Ty | pe | |
| Asbestos-Containing Mate TO BE ABATE | | Ma | d Solel intenar | ice/ | | | | rial (ACM) on, surfacing, | | mount pecify | 2 2 | | En | Ħ |
| In Facility | _ | Cust | odial S (12) | taff? | (1.0. 010 | V | /AT, or | , | | or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | V 1 | | 21/4 | | omer m | niscellaneo | 15) | | | val . | Η̈́ | ılate | ure |
| 2 40-44 | | Yes | No | N/A | | | | | 4 | - 0 | | | | |
| BASEMENT | | | | - | THERMA | c sys | TEMS ! | N SULATIO | N | 38LF | 70 | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| * 14 | | | | | | | | | | | | | | |
| Name of Registered Waste Hau | er | | | IDEP Wa | | Cubic Y of Waste | | Name o | f Registere | d Landfill | | | | |
| | nc | | | 1710 | | OI WEST | 1 1/2 | ² 7 Min | erva | Enterp | ri | 999 | T | , I, C |
| City, State | | | | | | Disposa | | City, St | | | | | , , | |
| Hackensack, N.J Completed by | 07601 | Title | | | | | 7/13/17 | Way | nesbu | rg, OH | | 468 | 88 | |
| J. Maiorano | | | im- | t c == | | Sig | gnature | المونية | ano | Date | | 29/ | ,) | |
| | | Est | тша | LUI | | | X | 1 | \rightarrow | | 01 | - 1 | . / | |
| ASB-41 (R-06-08) | | | | | | | U + Do | not use this f | orm for asb | estos licensur | e exe | npted | activit | ies. |

| NO CK. | | | (Pu | ırsuaı | nt to M | N.J.A.C | <u>.</u> 8:60 and 12:12 | 20) | | 3 16 2 | | E | M | The second secon |
|--|---|---|----------------------|--------------------|----------------------|----------|--|------------|--|--------------------------------------|--|--------|------------------------|--|
| Date of Notification | (1) 08-29-2017 | | | | e of Bu | | Owner / Operato | or (2) | | ed School College Children was de | and the said of th | | | |
| Agencies Notified | Type Notific | ation | | | t Addr | | | | | SEP - | 1 201 | 7 | 111 | 4 |
| ⊠ EPA | | | | 2083 | Lawre | encevil | e Road | | | 0.0. | (VE) WARREN | | | Constitution |
| ☐ DEP ☐ DOL | ☐ Initia | l n ded: 5 th Amendn | .ant: | | | & Zip (| | | | | · Stunier | 10I | 8 | |
| | | ct completion dat | | Lawre | encevi | ille, NJ | 08648 | | AS | D. F. CE | NSING | | NAME OF TAXABLE PARTY. | _ |
| □ DOH | | gency | | | | ontact | | | Proposition of the last of the | | Telenh | | | - ; |
| □ DCA | Cano | ellation | | | /alter | | | | | | | | | |
| Name of Facility Wh | ere Ahateme | nt is Taking Di | 200 /2 | F | ACILI | TY INF | ORMATION | 114 . 74) | | | | | | |
| Rider University-Maure | er Physical Edi | acation Building- | 1 st floo | r office | s/class | rooms | Type of Facil School (| | | | | | | |
| Street Address | | | | | | | ☐ Subchar | | ner than K-1 | 12) | | | | |
| 2083 Lawrenceville | Road | | | | | | Other (i. | e. private | & commerc | cial buildin | gs, hom | es, et | c.) | |
| City (5) | | County (6) | 10. | | 0 - 1 | (7) | Square Feet | | of Floors | | Bldg. Ag | e | | |
| | 2040 | County (6) | 100 | ounty | Code | (7) | 25,000 | 2 | | | 57 | 104 | | |
| Lawrenceville, NJ 08 | 3648 | Mercer | | | | | Current Use Physical Edu | | | shed) | | | | |
| Name of Monitoring | | Building Own | er (8) | | ASC | CM No | | | |) | | | | _ |
| Pennoni & Associate | es | | | | 001 | 02 | Resource Ma | | t Group, LL | .c | | | | |
| Street Address 515 Grove Street | | | | | | | Street Addres | | 0 " 000 | | | | | |
| City, State & Zip Coo | de | | | | | 11 | 2115 Hamilto City, State & | | , Suite 202 | <u> </u> | | | | _ |
| Haddon Heights, NJ | 08035 | | | | | | Trenton, NJ (| | | | | | | |
| Project Manager for Brian Clark | Monitoring Fi | rm | | phone 547-0 | Numb | per | Telephone N | umber | | License N | | | | |
| Scheduled Start Date | e (10) | Scheduled Con | | | | | 609-977-6159 Name of OSF | | - | 1 | 0118 | 35 | | |
| 8/7/2017 | | 9/01/20 | 17 | | .0 (11) | | J&S Environn | | | nc | | | | |
| Occupancy Status D Facility Close | uring Abatem | nent (Check on Juring Entire Pe | ly one | e) of Aba | tomon | .+ | Street Addres 2333 Route 2 | | | | | | | |
| | erformed du | ring Normal Ho | urs 1 ^s | t Shift | | | City, State & | | | | | | | |
| Describe: | 7:30AM - 5:3 | 30PM Monday-S | unday- | – inclu | ding we | eekends | Union, NJ 07 | | | | | | | |
| Scope of Work (Che | | | | | | | | | | | | | | |
| Scope of Work (Cite | ck all that ap | oly) | | | | | | ⊠ Fu | ıll Containm | ent with N | lenative | Pros | SIIIA | |
| ≥3 sf or ≥3 lf | | | \boxtimes | Ren | ovatio | on | | | ni-Enclosur | | rogativo | 1 100 | ourc | |
| ≥160 sf ≥260 |) If | | | Der | nolitio | n | | _ | ove Bag Pro | ocedures | | | | |
| | | | | - 3-91-173-1 | | | | ☐ No | n-Exempte | | n-Friable | Proc | edur | е |
| The second of th | cation of os-Containing | | | Locat | | | Description | | | Amount | Aba | atem | ent T | уре |
| | erial (ACM) | d | | mally I olely I | | | Asbestos-Con Material (A | | | (Specify SF or LF) | | | п | |
| TO B | E ABATED | 15 | Main | tenan | ce or | | (i.e., thermal s | ystems | |), OI LI / | Removal | Re | Encapsula | Enclosure |
| ın | Facility (13) | | Cust | odial ((12) | Staff? | | insulation, surfactor or other miscell | cing, VAT | | | Non | Repair | apsı | OSL |
| | (10) | | Yes | No | N/A | | or other miscen | aneous) | | | <u> </u> | , | lla | Гe |
| Class rooms:127,126,1: & Hallway by rooms 11: | | 4,110,0109,108 | | | | Sheetr | ock & Joint Compo | ound | | 5,470 SF | | | | |
| Class rooms:127, 126, 108 & Hallway by rooms | 125, 122-124, | 110, 111, 109, | | | | Fissure | e Ceiling Tile | | - | 6,470 SF | | | | |
| Class rooms:127, 126, | 125, 122-124, | 110, 111, 109, | | | | Cove b | pase mastic | | - | 534 SF | | | | |
| Class rooms:127, 126, | | | | Floor t | ile/mastic(grey stre | aks) | | 4976 SF | | | | | | |
| | 08 & Hallway by rooms 111-118 class rooms(#127, 126 & 109) | | | | | | | anama fa | | | | | | |
| 0.000 1001115(#127, 120 | Class rooms(#127, 126 & 109) | | | | | | oard Glue Dots | | | 150 SF | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | Ш | | | | |
| Resource Managem | ent Group, I | LC | | 003 | 35218 | | TBD | Grows L | andfill | | | | | |
| City, State | | | | Disposal Date | City, Stat | te | | | | | | | | |
| Hamilton, NJ 08619 | | | | | | | TBD | Morrisvi | | | | | | |
| Completed By (Print | or Type) Bria | n Haney | | Titl | e: Pre | sident | Signature | | | | Date (| 08-29 | -201 | 7 |

NOTIFICATION OF ASBESTOS ABATEMENT 8/27 NEW ORUNDANA (Pursuant to N.J.A.C. 8:60 and 12:120) 12 16 Date of Notification (1) Name of Building Owner / Operator (2) 08-29-2017 Rider University Agencies Notified Type Notification Street Address X **EPA** 2017 2083 Lawrenceville Road DEP Initial City, State & Zip Code 区 DOL X Amended:5thAmendment: Lawrenceville, NJ 08648 project completion date A CONTRIOL & DOH Emergency Name of Contact DCA Cancellation Mr. Walter Eddy **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University–Maurer Physical Education Building-1st floor offices/classrooms School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 25.000 57 Lawrenceville, NJ 08648 Mercer Current Use (Prior if being demolished) Physical Education Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni & Associates 00102 Resource Management Group, LLC Street Address Street Address 515 Grove Street 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Haddon Heights, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number Brian Clark License Number 856-547-0505 609-977-6159 Scheduled Start Date (10) 01185 Scheduled Completion Date (11) Name of OSHA Monitor 8/7/2017 9/01/2017 J&S Environmental Laboratories Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours 1st Shift City, State & Zip Code Describe: 7:30AM - 5:30PM Monday-Sunday- including weekends Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) X Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Encapsula Maintenance or Remova Enclosure (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Class rooms:127,126,125,124,122-124,110,0109,108 \boxtimes Sheetrock & Joint Compound & Hallway by rooms 111-118 5,470 SF X Class rooms:127, 126, 125, 122-124, 110, 111, 109, X Fissure Ceiling Tile 108 & Hallway by rooms 111-118 6,470 SF X Class rooms:127, 126, 125, 122-124, 110, 111, 109, П \Box X Cove base mastic 108 & Hallway by rooms 111-118 534 SF M Class rooms:127, 126, 125, 122-124, 110, 111, 109, Floor tile/mastic(grey streaks) 4976 SF 108 & Hallway by rooms 111-118 X Class rooms(#127, 126 & 109) X Chalkboard Glue Dots 150 SF П П \boxtimes П X П Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Hamilton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Brian Haney Title: President Signature Date 08-29-2017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 08 29 17 Sakoutis Brothers Disposal Agencies Notified Type Notification Street Address **⊠** EPA P O Box 84 CENSING **⊠** DOLWD Amended City, State, Zip Code □ DOH Amendment # Colts Neck, NJ 07722 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation John Sakoutis **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sea Bright 1000 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9. Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 08 / 17 09 / 11 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior \boxtimes Asbestos siding 900 sf \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 09/12/17 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager



| いたずらんり | 01 | | (P | ursua | int to NJA | C 8:60 and 5:16 | | (- E II IV | 7 6 | luman. | 7 | |
|--|---------------------------|------------------|---------------|-------------------|----------------------------|---------------------------------------|--|---|-------------|----------|--|-----------|
| Date of Notification (1) 08 / | 29 / | 17 | | | ne of Building aura Dec | Owner/Operator (| 2) | <u>w 5 1 y</u> | 是 | Na | The state of the s | |
| Agencies Notified | Type Notificat | tion | | Stre | et Address | | | SEP - 1 201 | 7 | U | | |
| ⊠ EPA ⊠ DOLWD | ☐ Amended | | | 0.1 | 01-1-7:-0 | | 1779 | | _ | Change 2 | 1 | |
| ☑ DOH | Amendme | nt # | | | State, Zip C | | ASE | A TOME | 101.8 | 3 | and the same of th | |
| ☐ DCA | ☐ Emergenc | | g | | ontville, None of Contac | | | Telephone Numb | 101 0 | | - | |
| (NJAC 5:23-8) | justificatio Cancellatio | | | | aura Dec | l . | 52 | relephone warms |)01 | | rei . | |
| | | | | F. | ACILITY IN | FORMATION | | | | 38 | | |
| Name of Facility Where A | Abatement is Ta | aking Place | e (3) | | | | Type of Facility (4 | .) | | | | |
| Residence | | | | | | | School (K-12) | · · · · · · · · · · · · · · · · · · · | | | | |
| Street Address | | | | | | | Subchapter 8 (Other (i.e., priv homes, etc.) | | | ilding | s, | |
| City (5) | | | | | | | Square Feet | # of Floors | Blo | lg. Ag | je | |
| Lavallette | | | | | | | 1800 sf | 1 | | 55 | | |
| County (6) | | | | Co | unty Code (7 |)(STATE USE ONLY) | Current Use (Prio | r if being demolis | hed) | | | |
| Ocean | | | | | | | Residence | | | | | |
| Name of Monitoring Firm | Hired by Build | ing Owner | (8) | ASC | M No. | Name of Abateme | ent Contractor (9) | | | | | |
| N/A | | | | | | Guardian Co | ntracting, Inc. | | | | | |
| Street Address | | | | AIC- | | Street Address | | | | | | |
| | | | 4,000 | | | 1889 Route 9 | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C Toms River, | ^{ode} New Jersey 087 | 55 | | | | |
| Project Manager for Mon | itoring Firm | | Te | elephor | e No. | Telephone No. | | License No. | | | | |
| | | | | | | 732-349-9932 | | 00624 | | | | |
| Start Date (10) 09 /12 / | 1 | cheduled 0 | | | Date (11) | Name of OSHA N E.M.S.L. Ana | | | | | | |
| Occupancy Status During | | | | | | Street Address | | *************************************** | | | - | |
| ☐ Facility Closed/Vacate | | | | | | 1056 Stelton | | | | | | |
| ☐ Abatement Performed | | | | | | City, State, Zip C | ode | | | | | |
| Time of Abatement: _ | AM | PM/ | PI | M | AM | Piscataway, | New Jersey 088 | 54 | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or >260 lf | I that apply) | | enova | | | ☐ Mini-End | stainment with Nega closure ng Procedure | ative Pressure | | | | |
| ☑ ≥100 SI 01 ≥200 II | | M D | CITION | ition | | | empted (*) and Non | -Friable Procedu | re | | | |
| | | 1 | | ation | | | | | Ab | atem | ent T | уре |
| Location | | Us | Norm ed S | nally olely by | / Ash | Description of the stos Containing Ma | | Amount | Re | Re | En | En |
| Asbestos-Containing TO BE ABA | | M | ainte | nance/ | (i.e | e., thermal systems | insulation, | (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facil | ity | Cu | stodia (1) | al Staff 2) | (| surfacing, VAT other miscellane | | SF or LF) | a | | sulat | ure |
| (13) | | Yes | | 1 | A | Other miscelland | 5003) | | | | 6 | |
| exterior | | | × | | asbest | os siding | | 1700 sf | \boxtimes | | | |
| | | | | | | | | | | | | |
| | 77. | | | | | | | | | | | |
| | | | 1 | ı | | | | | | П | | |
| Name of Registered Was | ste Hauler | | | | P Waste | Cubic Yards of | Name of Regist | ered Landfill | | | | |
| Guardian Contract | | | | Haule 202 | r ID No. 23 | Waste 3 | T.R.R.F. | | | | | |
| City, State | 20222 | | | | | Disposal Date | City, State | Donnaul!- | | | | |
| Toms River, New J | | T=0. | | | | 09/15/17 | Tullytown, | Pennsylvania | -t- f | | 7 | |
| Completed By (Print or T Nicholas Fernicola | 70 M | Title Project | t Ma | anage | r | Signature | 11 | Da | ate / | 19 | 1,- | 7 |

PATD

| OX# 3050 | 59 | | .0111 | (Pu | rsuan | t to NJA | C 8:6 | 30 and 5:16 |) [F | | | ПП | \/7 | F | Lucas | 7 |
|--|-----------------|----------|--|----------------|-----------------------|-------------|-------------|---------------------------------|--|--|----------------|---|---------|----------------------|--|-----------|
| Date of Notification (1) | | | | | Name | of Building | Own | er/Operator (2 | 2) | J/r | Lu (b E | 1 | 7 | E | In | 1 |
| | 28 / _ | 17 | _ | | Wal | ters Res | ident | ial | V Acceptance | 1 | | 5. | 5 | 5 | 4 | |
| Agencies Notified | Type Notificat | tion | | | Street | Address | | | 111 | Li | SEP - | 1 20 | 117 | | U | |
| ⊠ EPA | ☐ Initial | | | | | | | | | The same of the sa | | | | 1 | Anterget of | 1 |
| ⊠ DOLWD | Amended Amendme | nt# | | | City, S | tate, Zip C | ode | | and the same of th | AS | E. Carrier | | | _ | | |
| ☑ DOH □ DCA | ☐ Emergenc | | udina | | Barı | negat, N | J 080 | 05 | | | LICENS | SING | i Q | Lä | | |
| (NJAC 5:23-8) | justificatio | n) | uumg | | BIRESTONIA (CO.) | of Contact | t | | | T- | Talaska | | - | NATURE OF THE PARTY. | All Control of the Co | ii . |
| | Cancellation | on | | | Vict | | FOR | MATION | | | | - | 20 | | | |
| N | | 1.1 | DI | (0) | FAC | ILITY IN | FUR | MATION | T of Fac | 126 . 74 | | | * | | | - |
| Name of Facility Where A | Abatement is 18 | aking i | Place | (3) | | | | | Type of Fac ☐ School (F | |) | | | | | |
| Residence | | | | | | | | | | | Other than K- | 12) | | | | |
| Street Address | | | | | | | | | Other (i.e. homes, e | | ate and comn | nercial | buil | dings | S , | |
| City (5) | | | | | | | - | | Square Feet | sociemble . | # of Floors | | Blde | g. Ag | e | |
| Beach Haven | | | | | | | | | 1200 sf | | 1 | | 6 | | Ĭ. | |
| County (6) | | | | | Coun | tv Code (7 |)(STAT | E USE ONLY) | Current Use | (Prior | if being demo | olished |) | | | |
| Ocean | | | | | | , , | ** | , | Residen | | _ | | 50 | | | |
| Name of Monitoring Firm | Hired by Build | ing Ov | vner (8 | 3) | ASCM I | No. | Nam | ne of Abateme | ent Contracto | r (9) | | | | | | |
| N/A | | | | | | | G | uardian Co | ntracting, I | nc. | | | | | | |
| Street Address | | | | | | 4 | Stre | et Address | | | | | | | | |
| | | | | | | | 18 | 889 Route 9 | , Unit 61 | | | | | | | |
| City, State, Zip Code | | | | | | | | State, Zip Co | | | | | | | | |
| | | | | | | | | oms River, I | New Jersey | 087 | | | | | | |
| Project Manager for Mon | itoring Firm | | | Tele | phone I | No. | 1 delesions | phone No. | | | License No. | | | | | |
| | | | | | | | | 32-349-9932 | | | 00624 | | | | | |
| Start Date (10) | 1000000 | | | | tion Dat | | 1 3 | ne of OSHA M | | | | | | | | |
| | | - | | | 3_ / _ | 17 | | M.S.L. Ana | iyucai | | | | | | | |
| Occupancy Status During | | | | | | | | et Address | | | | | | | | |
| □ Facility Closed/Vacate □ Abatement Performed | | | | | | cribe | | 056 Stelton | | | | | | | | |
| Time of Abatement: _ | | | 30000000000000000000000000000000000000 | | | | 1 20 | , State, Zip Co iscataway, I | | , 0881 | 54 | | | | | |
| Scope of Work (Check al | I that annly) | | | | | | | Scalaway, 1 | New Jersey | 000. | | | | | | _ |
| | i tilat apply) | | | | | | | ☐ Full Conf | tainment with | Nega | tive Pressure | | | | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | | | Rei | | | | | ☐ Mini-Enc | losure a Procedure | | | | | | | |
| ⊠ ≥100 st 01 ≥200 ft | | | △ Dei | HOHE | OH | | | | | d Non- | -Friable Proce | edure | | | | |
| | | | | Loca | | | | | | | | | Aba | teme | ent Ty | уре |
| Location Asbestos-Containing | | , | | lorma d Sol | ally ely by | Acho | nton (| Description of Containing Ma | | | Amount | | Re | Re | En | En |
| TO BE ABA | | ' | Mai | ntena | ance/ | | e., ther | mal systems | insulation, | | (Specify | | Removal | Repair | cap | Enclosure |
| IN Facili | ity | | Cust | odial (12) | Staff? | | | urfacing, VAT | | | SF or LF) | | /al | | Encapsulate | ure |
| (13) | | - | Yes | No | N/A | 1 | otn | er miscellane | ous) | | | | | | te | |
| exterior | | | | \boxtimes | П | asbest | os si | ding | | | 1150 sf | | X | | | |
| | | | | | 3 | | _ | | | | | П | | | | |
| | | - | | | | | | | | + | <u> </u> | - | | | | |
| | | -+ | | | 12 | | | | | - | | | | | | |
| N (B : 1 1)M | | | | Ц, | L | 0/ | Tout | :- Vdf | Name of F | 2==i=4 | and Landfill | L | | Ц | Ш | ш |
| Name of Registered Was Guardian Contract | | | | (4) | NJDEP \ Hauler I [| | Was | ic Yards of ste | T.R.R.I | | ered Landfill | | | | | |
| | ing, ilic. | | | | 20223 | | 3 Diar | annal Data | 22000000000 | - 95 | | | | | | |
| City, State Toms River, New J | ersev | | | | | | 20000 | oosal Date 9/14/17 | City, State | | Pennsylvan | ia | | | | |
| Completed By (Print or T | | Title | | | | | 1 | Signature | - unyto | 4 | // | Date | - | | | |
| Nicholas Fernicola | | 1110-728 | | Mar | nager | | | Signature | n | - | | 120000000000000000000000000000000000000 | 3 | ,)3 | The state of the s | 7 |

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 08 17 FJ Castlegrante Inc Agencies Notified Type Notification Street Address 127 Brand Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ ASI SUNTHOL & Toms River, NJ 08753 ☐ Emergency (including ☐ DCA CENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Frank Castlegrante **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lavallette 700 sf 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 12 / 17 09 / 14 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/__PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior-garage \boxtimes asbestos siding 700 sf \boxtimes П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 City, State Disposal Date City, State Toms River, New Jersey 09/15/17 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager

(K# 3731

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1 | 1 | | | | | | | | m | 13 W | 77 | \\/ | E | In |
|--|--|--|---|------------------|-------------------|---------------------|--------------------|-----------------------------|-----------|----------------|------------|---|--|-----------------|
| Bate of Notification (1 | -24-1 | 7 | | 7 | | ng Owner | | | 13 | | | | | Π |
| Agencies Notified | Type Notification | | | Stree | ر مرور Address | 00 S de 50 | 60 EZ | K Sout | 7116 | 260 | 1000 | -long | any . | |
| - | | | | 1 0000 | 76 | | | Da- 23 | ШЩ | SEP | | 201 | 1 | - Ind |
| EPA DEP | Initial Amended | | | City o | State, Zip | | See (Car | RAWCE | 17 | English . | Amora e | _3 | 22 | |
| DOL | Amendme | | | July, | | 1000 to 100 | and and | و خان معمد از در اور ا | -yar-A | SE | | niti | OL & | 8 |
| П рон | Emergeno | | ng | Mame | of Conta | <u> 2/2 (</u> | 0,20 | 7000 M | | £0 | ENST | NG - | | |
| H DCA | justificatio Cancellati | | | | | | د چیر دیسر | in Tow | [.] | elephone A | li imha | ia- | | |
| Desiral | i family | | | - L | | IFORMAT | | 700 | 1 1 | | | | | ما مگارد است |
| Name of Facility When | e Abatement is Tal | king Place | : (3) | 3 3-3 | 12124 8 8 251 | er-Locked by a | N/M | Type of Facilit | 26 (4) | - | | | | 1 |
| 10 Whship o | uned P | Copper | -LEA | | | | | - Promise | | | | | | |
| Street Address V | _ | # 0 | | 1 | | | | School (K | | lher than K- | 101 | | | |
| 21 | 5 FIRE | > P.M | 20 | | ree. | المنابعات ا | | Other (i.e | private | ener uran re- | cial bu | aldino | s hor | mes |
| 03. (5) | | | | | | | | etc.) | | | | | | |
| 50. | ett ok | وسطام الكيوك | Marie Marie | | | | | Square Feat | ę. | of Floors | | Bidg. | | |
| County (6) | | | | Count | y Code (7) | | | 1500 | | San San | | 33 | Store of the Store | |
| - F. | 82 X | | | (STATI | EUSEONI |) LV) | | Current Use (P | er de de | - Parties | | 100 | | - |
| Name of Monitoring Fir | 3. * | Compri | 2) | <u> </u> | | | T | | 180 | Ona | | | | |
| | ou by bunders | y Owner (| u _j | ASI | CM No. | | Name | e of Abatement C | ontract | or (9) | | | | |
| Street Address | | | | | | | | Insulation Co | ., Inc | | | | | |
| Oli Got Addless | | | | | | | | t Address | | | | | | 100 |
| City, State, Zip Code | | | | | | | | Nontrose Rd | | | | | | |
| Ony, State, Zip Cone | | | | | | | | State, Zip Code | | | | | - | - |
| Droign's Manager for Bi- | | | | | | and con- | Colt | s Neck, New . | Jersey | • | | | | |
| Project Manager for Mo | naoang Fam | | 415.539 | Teleph | one No. | - Contract | | hone No. | - | License i | No. | | | - |
| Start Date (10) | *************************************** | 7 | į | | | | | 294 1757 | | 00029 | | | | |
| GINDAR | | Schedi | rled Co | mpletior | Date (11 |) | Name | of OSHA Monito | r | | | | | |
| Occupancy State D | | 1 911 | | } | | 1 | | MPRK | 1 20 | 215 1 | 80 pc | 50 m | A. The | |
| Occupancy Status Durir | | | 0.700 | | | 1 | Street | Address | | | | - | | |
| Facility Closed/Vac | ated During Entire | Period of | Abate | ment | | 1 | | - Pal J. 274 . | | and the | | | | |
| Abatement Perform Other – Describe: | ned Outside of Non | mal Facili **) | ly Hour | S | | 1 | City, S | tate, Zip Code | - | | | | | |
| | 21. | | | | | | | 1:1000 | he d | 92 . | 11-8 | 1 | | |
| Scope of Work (Check A | an inat Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 if | | - | Renova | | | | E Sensor | Full Containm | ent will | n Negative i | Pressi | ire | | |
| | | Same - | Demoli | tron | | | Javes Javes | Mini-Enclosur | ÷ | - | | 8074 | | |
| | | | | | | | Brown Maries | Glovebag Pro Non-Exempte | | rt Non-Friel | nto Dro | neadu | | |
| | | 1 | s Locat | ion | | | | | 1 | o redit i redi | 1 | | emen | · · |
| Location | n of | of the second | Norma | lly | | Dan | cription | | - Carrier | | 1 | 100000000000000000000000000000000000000 | уре | |
| Asbestos-Containing | | \$0 000000 | ed Sole aintena | | Asbes | stos Conta | сприон віпіпа М | or laterial (ACM) | 1 | mount | | 1 | | 1 |
| TO BE ABI | | £ | annena stodial S | | (i.e. | . thermal s | systems | insulation. | £0.000 | Specify | 20 | - | Enc | 回 |
| (13) | ···y | and the same of th | (12) | | | surfaci other mi | ng, VA | | SF | or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | A.Sm | 0255 | and the second | 011101 1111 | oobii kii ii | 5525) | | | val | = | ulat | Sure |
| 2 . 2 | (control of the control of the contr | 168 | No | NIA | | | | - | | | The second | | 0 | - Control |
| BASÉM | | - | 4 | | 1 F | والمصولات والمراحر | 000 | ERNE | approx. | (CPE) 4P | 4 | | | |
| 05/20 | ro ES | - | | | 152 | 1226 | | | | 007 | 1 | | | |
| | | | | 1 | 2 | | | 1 | | | 1 | | | |
| | | | *************************************** | | 1 | | - | | | | 1 | | | |
| lame of Registered Was | ite Haufer | | | JDEP W | | Cubic Y | | Name of | Registe | red Landfill | 1 | <u> </u> | | |
| ce Insulation Co., I | nc. | | | auler ID 2086 | No. | of Waste | 3 | Chrins | | | | | | |
| lity, State | | | 1 12 | -000 | | Disposa | 7 | - | | | | | | |
| olts Neck, New Jen | sey | | | | | Cili | III. | City, State | | Constant | | | | |
| completed by | - | Title | | | - | -111. | 7/1/ | Easton | 1 1 6 | | | | | |
| ree McGuire | | Į. | atanı - | Treasu | rer | Sig | natura | | | Dat | e | | | 1 |
| | | 0001 | June A | 11500U | x 10 E | 2 | 1- | < | arting. | 101 | -02 | You do | 1 | 1 |

| 01/4-3231 | | NOT | IFICATI | State of I | SBESTO | S ABATE | MENZAI | 1 | | - | N7 1 | 7 6 | Γ. |
|---|---|--------------------|------------------|--|-------------------|--|--|---------------|-----------------------|---------------------------------------|--------|--|-------------|
| 2/7. | | | (Pursua | ent to NJA | C 8:60 a | nd 12:12 | 0) | | <u> </u> | 걸 | 1 14 | | -11 |
| Date of Notification (1) | | | Name | e of Buildin | | /Operator | Ande | | SEF | - 1 | 20 | 17 | |
| Agencies Notified Type I | Votification | | Stree | Address | | | 10.11.7 | TU | y OLI | | | 1 / | 1 |
| | iitial | | - | | | | | 1 | Or. | | | -01 | ١ |
| | mended mendment#_ | | (| State, ∠ip i | Code | 10 | 73 1 | 1 | 10 i u | JENS | | HOL | |
| | mergency (includir | ng | 1 | er-th | Y | 1000 | field | + + | HU. | Je1: | 50 | 71 | D 7 |
| NOOH I JU | istification) | U | | of Contac | | 2644-5==5011554 8 0 | | 1 | elephone | Numbe | r | 1 | |
| | ancellation | | | teven | | | | | | كعان | | | |
| Name of Facility Where Abateme | ent is Taking Place | (3) | FA | CILITY IN | FORMAT | TION | Type of Facili | - (4) | | - | | | |
| | hoper tu | | | | | Î | P7 | 500 20 | | | | | |
| Street Address | | | | | | The state of the s | School (in Subchape Other (i.e. etc.) | ter 8 (Ot | her than K & comme | (-12) rcial bu | aldinç | js, hor | mes, |
| City (5) | 7 | | - | | | | Square Feet | # 4 | of Floors | ¥ . | Bldg. | Age | |
| JUN Main | field | | | | | 1 | Hopo | 200 | 2 | e e e e e e e e e e e e e e e e e e e | .7 | 5+ | 1 |
| County (6) | | | County | y Code (7) E USE ONL | NA. | 1 | Current Use (I | Prior if be | ing demo | lished) | | | - |
| MiddleSex | | | | | .1) | | res: | 1001 | (R | | | | |
| Name of Monitoring Firm Hired by | / Building Owner (| 3) | ASC | CM No. | | | of Abatement Consulation Co | Contracto | r (9) | | | - | |
| Street Address | | | | | | 1 | Address | | | | | | |
| City, State, Zip Code | | | | | | | ontrose Rd | | | | | | |
| | | | | | | | ate, Zip Code Neck, New | lorcov | | | | | |
| Project Manager for Monitoring Fig. | 243 | 1 | Telepho | one No. | | Telepho | | 201003 | License | No | | | |
| | | - | | | - | | 94 1757 | | 00029 | 2413. | | | |
| Start Date (10) | | 12 | mpletion | Date (11) |) | Name o | f OSHA Monito |)T | | | | **** | |
| Occupancy Status During Abatem | ent (Check Only O | ne) | - | | | Street A | ddress | | | | | | - |
| Facility Closed/Vacated Durin | g Entire Period of | Abaten | nent | | CONTRACT CARGO | | | | | | | | |
| Abatement Performed Outsid | e of Normal Facility | y Hours | 5 | | Secretarian Maria | City, Sta | te, Zip Code | | | | | | |
| Scope of Work (Check All That Ap | ply) | | | | 1 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | en e | Renova Demolit | iion ion | | | TIKIT | Full Containn Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | | |
| | 15 | Locati | ion | | | | Ton sandinpu | i jain | a ivini-rita | bie Pit | - | emen | 4 |
| Location of | | Vormal | | | Das | cription o | Ę. | discipula | | i i | | ype | .To |
| Asbestos-Containing Material (TO BE ABATED | | id Sole Intenar | | Asbas | tos Conta | aining Ma | terial (ACM) | A: | mount | diam'r. | 1 | i m | I |
| In Facility | Cus | lodial S | itaff? | Į Įi.e. | surfaci | systems ii ing, VAT, | nsulation, | | pecify or LF) | Removal | Z | Encapsulate | Enclosure |
| (13) | No. | (12) | | | | iscellaneo | | 3, | Oi Li-j | Vou | Repair | nsd | losu |
| | Yes | No | N/A | | | | | | | 1 22 | | ate | 6 |
| pasement | and a second | | 1 | 1/1/ | + hw | 1K(+ | apl | 72 | (F | Tanga . | | V | - |
| | | | 1 | | | | | 10 | <u> </u> | + | | A | - |
| | Or bearing | | | | | | | | | - | | | - |
| | 10 to | | | 2 | | | | | | 1 | - | | |
| Name of Registered Waste Hauler | 1 1 | N. | DEP W | aste | Cubic Y | ards | Name of | Doninian | nd (n= 45) | , 1 | | | |
| Ace Insulation Co., Inc. | | Ha | euler ID 2086 | - Control - Cont | of Wast | | Chrins | | ed Landfil I | | | | |
| City, State | | | | | Disposa | I Date | City, State | | | | | | |
| Colts Neck, New Jersey | | | | to men | | A STATE OF THE PARTY OF THE PAR | Easton | PA | - | | | | |
| Completed by | Title | | | i | Sin | nature | - Coopers | 11. | | to 1 | | + | |
| Bree McGuire | Secre | tary T | reasu | rer | | Par | | | Da | 51 | 24 | and the second of the second o | - |

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey

| State of New Jersey |
|------------------------------------|
| NOTIFICATION OF ASBESTOS ABATEMENT |
| (Pursuant to NJAC 8:60 and 5:16) |

| (1 # 30 | 563 | N | IOTII | | ATION | OF ASE | ew Jersey BESTOS ABAT C 8:60 and 5:10 | 111 111 | EUFI SEP-12 | W | | Samuel Control of Street, Stre | Comment of the same of the sam |
|---|--|---------|--------------|--------------|-----------------|--------------|---|------------------|--|-------------|--------|--|--|
| Date of Notification (1) | | 17 | | | | of Building | Owner/Operator (| 2)A 1/10 | 7 - 136 | U1/ | 1 | | |
| | | - | - | | | | 15 | T AS | Take the State | 10 | 14 | 31 | |
| Agencies Notified ⊠ EPA | Type Notificati | ion | | | Street | Address | | - | L CENSING | 3 | | | |
| ☑ DOLWD | ☐ Amended | | | | City S | State, Zip C | ode | | N. T. | | | | |
| ☑ DOH | Amendmer | - | | | | osic, PA | | | | | | | |
| DCA (NJAC 5:23-8) | ☐ Emergency justification | y (incl | uding | | 10.000000 | of Contact | | | Telephone N | | | _ | - |
| (NOAC 5.25-6) | ☐ Cancellation | | | | Ma | ureen Mil | ls | | | agraphy pa | ~ | | |
| | | | | | FA | CILITY IN | FORMATION | | - ' | | - | | |
| Name of Facility Where A | Abatement is Ta | aking I | Place | (3) | | | | Type of Facility | (4) | | | | |
| Residence | | | | | | | | School (K-12 | | | | | |
| Street Address | <u> </u> | | | | | | | | 3 (Other than K-12) rivate and commerc | cial bu | ildina | S | |
| | | | | | | | | homes, etc.) | | | | -1 | |
| City (5) | | | | | | | | Square Feet | # of Floors | | lg. Ag | ge | |
| Lavallette | | | - | | | | | 1500 sf | 1 | | 55 | | |
| County (6) | | | | | Cour | nty Code (7 |)(STATE USE ONLY) | | ior if being demolis | ned) | | | |
| Ocean | 11. II. 5.7E | - | | 2) | 10014 | N | I No | Residence | , | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | | | | | | | |
| Street Address Street Address | | | | | | | | | | | | | |
| | | | | | | | 1889 Route 9 |), Unit 61 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | ode | | | | | |
| | | | | | | | Toms River, | New Jersey 08 | 755 | | | | |
| Project Manager for Mon | itoring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| | | | | | | | 732-349-9932 | | 00624 | | | | |
| Start Date (10) | | | | | | ite (11) | Name of OSHA N | | | | | | |
| // | | 09 | | | 4_ / | 17 | E.M.S.L. Ana | lytical | | | | | |
| Occupancy Status During | | | | 19 | an a caracteria | | Street Address | | | | | | |
| □ Facility Closed/Vacate □ Abatement Performed | | | | | | scribe | 1056 Stelton | | | | | | |
| Time of Abatement: | | | | | | | City, State, Zip C | | 9054 | | | | |
| | | | | | | | Piscataway, | New Jersey 08 | 6004 | | _ | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | т шат арріу) | | □ Re 図 De | | | | ☐ Mini-End ☐ Gloveba | g Procedure | gative Pressure | e e | | | |
| | | | | Loca | | | | | | Ab | atem | ent T | уре |
| Location | | | | Norm | ally lely by | ۸۰۰۰ | Description | | Amount | Re | Re | En | E |
| Asbestos-Containing TO BE ABA | | ' | Ma | inten | ance/ | | estos Containing Ma e., thermal systems | | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facil | | | Cust | todia (12 | Staff? | | surfacing, VAT | | SF or LF) | /al | | sula | ure |
| (13) | | 1 | Yes | No | | | other miscellane | eous) | | | | te | |
| exterior-house | | | | | | asbest | os siding | | 1500 sf | \boxtimes | | | |
| | | | | | | | | | | | | | |
| | | | П | | | - | | | | П | П | П | П |
| | | | | 7 | - | 1 | | | | | 1 | 7 | |
| Name of Pagistared Mar- | eta Haular | | Ц | Ш | NJDEP | Macte | Cubic Yards of | Name of Deal | stered Landfill | | | | |
| Name of Registered Was Guardian Contract | | | | | NJDEP Hauler | | Waste | T.R.R.F. | Stored Landilli | | | | |
| | ing, illo. | | | | 2022 | 3 | 3 Disposal Date | City, State | | | | | |
| City, State Toms River, New J | ersev | | | | | | 09/15/17 | | , Pennsylvania | | | | |
| Completed By (Print or T | 2000-1-100- 1 -11 | Title | | | | | Signature | 1 | | ate | į – | <i>j</i> | |
| Nicholas Fernicola | A CONTRACTOR OF THE CONTRACTOR | | | Ma | nager | | 2.3 | \ | The state of the s | 8 | 1) | 1/, | |
| ASB-41 | | | | | | | | 1 | 1 | 9/ | 01 | 11 | 1 |

State of New Jersey Notification of Asbestos Abatement

| | | | N1 - 45 | | New Jersey | PA | ID | | | | |
|--|------------------|-------------------------------------|------------|----------------------------|---|-------------|--------------------|---------|-----------|---------------|--|
| | | | | | sbestos Abatement 2. 8:60-7 and 12:120-7) | | | 5 6 | Ę | N W | 7 E |
| Date of Notification (1) E 08/29/17 | MERGENCY | NOTIFICATION | BE | 27404 | Name of Building Owner/Opera City of Elizabeth NJ Public Ho | tor (2) | ority) | | | | |
| Agencies Notified | | Notification T | ype | | Street Address 688 Maple Avenue | rusing Auth | U. L. | SEI | J | 201 | 17 |
| ☑ EPA □ DCA ☑ DOL | | ☑ Initial Noti ☐ Amended | # | | City, State, Zip Code Elizabeth, NJ 07202 | | | | -20 | | |
| □ DEP | | justification) | y notifica | ation (including | Name of Contact | | Telepho | ne Numb | per_AIG | Court Sing | HOL 8 |
| EDON . | | □ Cancelled | | | Jackie Davis, Manager | | , | | | .) . | Service and the service and th |
| Name of Facility Where Abat | | g Place (3) | | FACILITY IN | FORMATION Type of Facility (4) | | - | | | | |
| Mravlag Manor (Buildings / | A - F) | | | | ☐ School (K-12) ☐ Subchapter 8 (other than K | | | | | | |
| Street Address 688 Maple Ave | | | | | Other (i.e. private & commercia Sq. Feet: # of Floors: 2 Bldg, A Current Use (prior if being demo | ge: 197 | 70 | | \$. | | |
| City (5) Elizabeth | County (6) | nion | | Code (7) | | | | | | | |
| Liizabetti | UI UI | lion | State | Use Only) | | | | | | | |
| Name of Monitoring Firm Hire | ed by Bldg. Ow | ner (8) | ASCM | No. | Name of Contractor (9) | | | | | | |
| Street Address | | | | | Panoramic Window & Door Sy | stems, Inc. | | | | | |
| | | | | | Street Address 712 Sergeantsville Road | | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode Stockton, NJ 08559 | | | | | | |
| Project Manager for Monitorin | ng Firm | Telephone Nu | ımber | | <u>Telephone Number</u> P (732)926-0900 | | License 1 01237 | Number | | | |
| Scheduled Start Date (10) 09/05/17 | | Scheduled Co 11/07/17 | mpletion | Date (11) | Name of OSHA Monitor IAQ GURU LLC | | | | | | |
| Occupancy Status During Ab. Facility Closed/Vacated During Abatement Performed Outs | uring Entire Per | iod of Abatemer | nt | 20 | Street Address 87 Main Street | | W | | | | |
| Describe | ide of Normal i | racility mours – | 3:00-11:0 | Jupm | City, State, Zip Code | - | - | | | | |
| ⊠Other - Describe: 8:30 - 4 | 1:30 M-F | | | | Lincoln Park, NJ 07035 | | | | | | |
| | | | | | | | | | | | |
| Source of Work (Check all the | at apply) | | | | | | | | | | |
| ≥ 3 sf or ≥ 3 ⊠ ≥ 160 sf or ≥ 2 | | | | ☑ Renovation Demolition | ☐ Mini-Enclosure ☐Glovebag Procedure ☒ Non-Friable Proce | dure | | | | | |
| Location of Asbestos-Contain Material (ACM) in Facility (13) | | cation Normally y by Maint./Cust | | | estos Containing Material (ACM) | | (Specify | Abater | ment Ty | ре | |
| Material (AGM) II T acility (15 | | ? (12) | IA | other misc.) | ns insulation, surfacing, VAT, or | SF or Li | -) | Remove | Repair | Encap | Enclose |
| Exterior of Building A | | | X | Exter | for Window Caulking | 1,367 lf | | X | | | |
| Exterior of Building B | | | X | Exter | ior Window Caulking | 1367 Lf | - | X | | | |
| Exterior of Building C | | | X | Exteri | ior Window Caulking | 1367 Lf | | X | | | |
| Exterior of Building D | | | X | Exteri | ior Window Caulking | 1367 Lf | | X | | | |
| Exterior of Building E | | | X | Exteri | ior Window Caulking | 1367 Lf | | X | | | |
| Exterior of Building F | | | X | Exteri | ior Window Caulking | 1367 Lf | 9 | X | | | |
| Name of Reg. Waste Hauler | | NJDEP Waste 0036057 | Hauler I | D# | Cubic Yards of Waste | | Name of I | | ed Land | <u>Ifill</u> | |
| Panoramic Window & Dr Sy | s Inc | | | | Di | sposal Date | | | ty, State | | |
| | | | | | | oposai Dale | | | ston, P | | |
| Completed by (Print or Type) Mark M Jovic | | <u>Title</u> Project Mana | ger | | Signáture | | Date 08/29/17 | | | | |
| | | | | | 11/12 | | | | | | |